



08-30-02

RECEIVED

SEP 04 2002

1634

TECH CENTER 1600/2900

PTO/SB/21 (08-00)

Approved for use through 10/31/02. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCEPlease type a plus sign inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number Of Pages In This Submission

Application Number 09/622,703

Filing Date August 21, 2000

First Named Inventor Warren HOEFFLER

Group Art Unit 1634

Examiner Name A. K. Chakrabarti

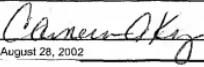
4

Attorney Docket No. 506562000200

ENCLOSURES (check all that apply)

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) - 1pg. | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Licensing-related Papers | <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Notice of Appeal - 1pg. |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declarations | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard. |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Change of Correspondence Address | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | Remarks _____ |

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

| | |
|----------------------------|--|
| Firm or Individual Name | Cameron A. King, Reg. No. 41,897 Morrison & Foerster LLP 425 Market Street San Francisco, California 94105-2482 |
| Signature |  |
| Date | August 28, 2002 |

EL909173626US

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Express Mail Label No.: EL909173626US

Date of Deposit: August 28, 2002

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Chase Trombella

Bulden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

st-1361222

FEE TRANSMITTAL FOR FY 2002

COPIE
AUG 28 2002
U.S. TRADEMARK OFFICE

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

| | |
|----------------------|-------------------|
| Complete if Known | |
| Application Number | 09/622,703 |
| Filing Date | August 21, 2000 |
| First Named Inventor | Warren HOEFFLER |
| Examiner Name | A. K. Chakrabarti |
| Group Art Unit | 1634 |
| Attorney Docket No. | 50656.2000200 |

*RECEIVED
SEP 05 2002
TECH CENTER 1000/2000*

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and/or any overpayments to:

Deposit Account Number 03-1952

Deposit Account Name Morrison & Foerster LLP

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEES CALCULATION (continued)

1. BASIC FILING FEE

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid |
|--------------------------|-----------------|----------------|-----------------|------------------------|----------|
| 101 | 740 | 201 | 370 | Utility filing fee | |
| 106 | 330 | 205 | 165 | Design filing fee | |
| 107 | 510 | 207 | 255 | Plant filing fee | |
| 108 | 740 | 208 | 370 | Reseuse filing fee | |
| 114 | 160 | 214 | 80 | Provisional filing fee | |
| SUBTOTAL (1) \$10 | | | | | |

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid |
|-----------------------------------|-----------------|----------------|-----------------|-----------------|----------|
| 117 | 920 | 217 | 460 | | |
| 118 | 1,440 | 218 | 720 | | |
| 128 | 1,960 | 228 | 980 | | |
| 119 | 320 | 219 | 160 | | |
| 120 | 320 | 220 | 160 | | |
| 121 | 280 | 221 | 140 | | |
| 138 | 1,510 | 138 | 1,510 | | |
| 140 | 110 | 240 | 55 | | |
| 141 | 1,280 | 241 | 640 | | |
| 142 | 1,260 | 242 | 640 | | |
| 143 | 460 | 243 | 230 | | |
| 144 | 620 | 244 | 310 | | |
| 122 | 130 | 122 | 130 | | |
| 123 | 50 | 123 | 50 | | |
| 128 | 180 | 126 | 180 | | |
| 581 | 40 | 581 | 40 | | |
| 146 | 740 | 246 | 370 | | |
| 149 | 740 | 249 | 370 | | |
| 179 | 740 | 279 | 370 | | |
| 169 | 900 | 169 | 900 | | |
| SUBTOTAL (2) \$10 | | | | | |
| *Reduced by Basic Filing Fee Paid | | | | | |
| SUBTOTAL (3) (\$320.00) | | | | | |

SUBMITTED BY Complete if applicable

| | | | | | |
|----------------------|------------------------|-----------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Cameron A. King | Registration No. (Attorney/Agent) | 41,897 | Telephone | (415) 268-6524 |
| Signature | <i>Cameron A. King</i> | | | | |
| Date August 28, 2002 | | | | | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Service by Mail Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20591. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20591.

SF-1361241